## Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 Phone #: (608) 266-2112 Ship To: 1400 E. Washington Avenue

Madison, WI 53703

E-Mail: <u>dsps@wisconsin.gov</u> Website: <u>http://dsps.wi.gov</u>

#### PHARMACY EXAMINING BOARD

### **INFORMATION FOR PHARMACY REMODEL REQUEST**

PLEASE NOTE: A remodel may not begin until you receive confirmation of approval directly from the Board office.

#### Per Wis. Admin. Code § Phar 6.04 (4) Professional Service Area Remodeling:

Any modifications of the approved floor plan shall be submitted to and approved by the Board or its designee. Board action must be taken within 60 days.

To request a remodel with the Wisconsin Pharmacy Examining Board, please complete this form and return to the Department. The form is not complete unless all of the following information is included:

- Pharmacy name, location, and state license number.
- The managing pharmacist.
- Pharmacy store hours (Daily, Saturday, Sunday)
- List barrier and what type (if changing) per Wis. Admin. Code § 6.04 3(1).
- Enclose a copy of <u>current</u> and the <u>proposed</u> floor plan (scaled to size) indicating the location of the sink and refrigerator with the prescription counter space clearly indicated.
- Indicate if the pharmacy will be closed during the remodel. If so, please provide in detail the proposed plan for closure and transfer/storage/security for controlled substances by completing Pharmacy Closing Affidavit (Form #606).
- A self-inspection report must be completed for the remodeled area and submitted to the Board at the end of the remodel. This may be
  obtained on the Department web site at <a href="https://www.dsps.wigov">www.dsps.wigov</a>.
- If you are creating a separate temporary pharmacy area to be used during the remodeling of the permanent pharmacy location, you must also complete and submit to the Board a proposed floor plan for the area to be used on a <u>temporary basis</u>, along with a completed self-inspection report. This procedure must be followed to allow for Board review and approval of the temporary pharmacy area <u>before</u> beginning the remodel process of the permanent area.

Once your request is received, it will be reviewed by the Board office for further action.

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## PHARMACY EXAMINING BOARD

### PHARMACY REMODEL REQUEST FORM

Completed form must be on file at least 60 days prior to proposed remodel date.

A remodel may not begin until you receive confirmation of approval directly from the Board office. Per Wisconsin Administrative Code § Phar 6.04(4) Professional Service Area Remodeling: Any modifications of the approved floor plan shall be submitted to, and approved by the Board or its designee. Board action must be taken within 60 days.

Type of Pharmacy:  ☐ Community or ☐ Institutional	Application Type:  ☐ Permanent Remodel or ☐ Tempora	ry Remodel Location		
Pharmacy FEIN#:  Your Social Security Number or Employer Identification Nu Security Number, you must complete Form #1051. The Dep	mber must be submitted with your applica	ation on this form. If you do not have a Social		
Existing WI Pharmacy License #:				
Applicant Name: (individual, partnership, association, or corporation)				
Pharmacy DBA Name: (name or title under which business is operated, this must be the name on the pharmacy label)				
Business Telephone Number:  Business Fax Number:  Business Fax Number:				
Pharmacy Physical Address: (number, street, city, state, zip)				
Pharmacy Mailing Address: (number, street, city, state, zip)				
Name of Owner, or Names and Titles of All Partners, or Corporate Officers and Percentage of Ownership. (Attach additional sheets if necessary.)  Name  Name  Name  %  Name  %				
Name	% Name	%		
Email Address:				
Printed Name of Managing Pharmacist		Managing Pharmacist WI License #		
Proposed Remodel Date: Proposed	ed Temporary Remodel Date:	Proposed Re-Opening Date		
Proposed Close Date of Current License #: This is required if pharmacy is closing during remodel and provide Closing Affidavit (Form #606).				

#2866 (Rev. 10/16) Ch. 450, Stats.

# **Wisconsin Department of Safety and Professional Services**

Pharmacy Hours:				
Daily: (open – close)	Saturday Hours: (open – close)		Sunday Hours: (open – close)	
-	-		-	
Sundry Hours:				
Daily: (open – close)	Saturday Hours: (open – close)		Sunday Hours: (open – close)	
-	-		-	
SELF-INSPECTION REPORT: Complete a self-inspection report (Form #2550) and submit to the Pharmacy Board office upon completion of permanent remodel.				
Temporary remodel locations must provide a complete self-inspection report and be approved before moving to the temporary space.				
BARRIER: Per Wis. Admin. Code Phar 6.04 3(1)*				
ENCLOSE CLEARLY MARKED FLOOR PLANS FOR PERMANENT AND TEMPORARY LOCATION - Scaled to size, location of sink and refrigerator with the prescription counter space clearly indicated.				
*Wis. Admin. Code 6.04 3(1) — A secured, physical barrier surrounds the professional service area of the pharmacy and precludes access to the area by unlicensed personnel. A secured barrier may be constructed of other than a solid material with a continuous surface. If constructed of other than a solid material, the openings or interstices in the material shall not be large enough to permit removal of items from the professional service area by any means. Any material used in the construction of the barrier shall be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated or bent. The plans and specifications of the barrier shall be submitted to the Board for approval.				
I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the remodel applied for is to cover only the pharmacy indicated above and at the location specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.				
Requestor:				
		1		
Signature		Date		
Title				

#2866 (Rev. 10/16) Ch. 450, Stats.

**Printed Name**